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Written evidence submitted by Jacob Oppon Oxford Leisure Ltd. (SPI0041)

[Note: This evidence has been redacted by the Committee. “***” represents redacted text. Text in square brackets has been inserted where text has been redacted.]

1. I am a Managing Director of an independent company operating 6 venues in Oxford and Bath over the past 20 years. Three of the venues are medium capacity nightclubs catering for 500-1,000 students.

2. We – as venue operators - are immensely grateful that the issues and questions surrounding drink spiking are being addressed by the Committee. *How prevalent is spiking? Where, when and how is it taking place? Why is it occurring and what can be done to improve the situation?* We are part of a local group of venues, NTE bodies and university staff which have begun meetings with Police to discuss these very questions.

3. My intention is to make the panel aware of certain factors to help assess the situation. Also, to suggest a prioritisation of objectives in what is a nebulous, wide ranging issue.

4. I write in my capacity as a front line business owner, generally as a member of society and as father to two teenage daughters.

5. I have had the benefit of watching the first committee hearing before submitting this evidence. I considered all witnesses to be credible and valuable and nothing I write here should be interpreted as challenging their lived experiences or the data provided.

6. My evidence relates only to student nightclub events unless otherwise indicated. These events are attended by over 500 students and are normally exclusive to a specific university (University of Oxford or Oxford Brookes University) with relevant ID required for entry.

7. To enable constructive debate and direct policy we need to be discussing the same issue. Within this nightclub context I refer to spiking as ‘malicious drugging’ with a substance other than alcohol. The Committee heard how giving a friend a larger or stronger drink than they expect could be the most popular and unreported crime in the nation. We also heard how different the effects are when a ‘date rape’ or other drugs are introduced.

8. I do not make light of adding additional alcohol to an already alcoholic drink, where the victim is accepting voluntarily. There may be merit in trying to change this culture but with limited resources it could dominate this initiative to the detriment of more egregious crimes. Practicality, for venues it is impossible to verify that the purchaser has consent of the recipient for the specific drinks ordered.

9. How prevalent is spiking in nightclubs?

It was suggested that nightclubs are a natural place to start to combat the epidemic of spiking. Campaign groups led boycotts of large capacity nightclub student events in October 2021. The explosion in media attention and reports of spiking then accelerated. I accept that malicious drugging has probably occurred in our venues but to what extent? There are two factors that should be included in this assessment. These are elephants in the room, too obvious to ignore.

10. Elephant One: Recreational drugs.

Use of recreational drugs is very very common. Observing over the past 10 years, use of psychoactive drugs used to be strongly correlated with certain music genres and certain social groups. Tech house, trance and other ‘underground’ styles being successors to the rave culture of

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the early 90s where ecstasy was the popular drug. In the past 3-5 years drug use has become normalised within a diverse groups of students and is no longer exclusive to certain music nights. Sampling ketamine, MDMA, ecstasy on a student night out is as normal as pre loading with drinks. Most users are drinking alcohol and so a significant minority are mixing drugs with alcohol. The physiological effects will be the similar as if maliciously spiked with the same substances.

11. The conversation around illegal drugs is distinctly different to that of alcohol. Drinking is such an established part of our culture. In almost all settings it is acceptable to invite someone for drinks, to mention an occasion where you had had too much to drink or the silly things you did as a consequence. An individual is likely to be cautious about what they disclose to whom regarding drug use. If someone suffers a bad reaction from the drug they may be reluctant to admit that they have knowingly taken the drug or who, within their friend group, has given it to them. Aside from criminal implications, universities have internal conduct and discipline protocols. A student could ultimately lose their university place if implicated in drug spiking.

12. The individual may feel confident that although they have knowingly mixed drugs and alcohol their physical reaction is not typical of past experience and so perhaps they have been spiked. Something personal and private is prescribed medication especially if it is related to mental health. In some cases mixing alcohol with drugs like anti-depressants will produce severe effects.

13. Elephant Two: The Pandemic

When this academic year started two thirds of undergraduates were effectively freshers. Close to half would have been under the legal drinking age when the first lockdown began. Rightly or wrongly freshers' weeks are associated with excessive concentrated consumption of alcohol and attending club nights. So many students would be finding their limits for the first time. If you suffer unfamiliar effects *and* you are aware that there is a spiking epidemic then it is understandable that you suspect you have been a victim.

14. From March 2020 to September 2021 there were no student nightclub events because they were closed by law. We have seen how problematic it is to collate data on spiking. At least we can confidently exclude nightclubs during that period.

Case study Drink Spiking November 2021

15. 3 female friends 'A,B,C' report 'our drinks were spiked at your venue last night'. They attended a student event exclusively for current [university] students. They felt extremely unwell and disorientated with a hazy recollection of the evening. They initially report that 2 of them only had one drink (each) in the venue and that one had none. They recall a male, possibly called [name], who bought jäger bombs for them. They are angry and upset that they have suffered in our venue.

16. We invite them in to review cctv. Fortunately, they seem to spend their entire evening at the end of one bar directly under a camera. We track them arriving, having their IDs checked and bags searched and entering the club. They spend around 6 minutes in the toilets and then go to the bar. Over the next 2 hours they order, pay for and consume a combination of spirit mixer drinks and shots. At least 4 each. Their drinks are always in clear view and are not tampered with. A male is seen talking with them, is briefly intimate with 'C' and buys 4 jagerbombs for the group. The bartender places the drinks directly in front of A,B,C and '[name]' who has no opportunity to interfere with the drinks. They do the shots together. While standing at the bar 'A' waves her arms in the air dancing to the music like a swimming backstroke. They appear happy, animated and intoxicated. They are briefly out of view and we understand they sat on a sofa that is about 2 metres away. Later a member of door staff gets a bottle of water for one of the girls, concerned by her

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condition. Eventually A and B are each escorted to the lobby needing a security guard to support their weight down the stairs. They are seated in the reception and reunited before being able to make their way home.

17. Watching footage out of context can be embarrassing for anyone and we do not criticise them for not having perfect recall. With reference to waving her arms 'A' said "I never behave like that unless I've drunk a lot – like forty units" – (which would be a bottle and a half of vodka). They hadn't realised that they had been assisted out. It was obvious that we were inviting the possibility that they had not actually been 'spiked'. This was uncomfortable for them. They put forward the theory that they must have been spiked when they sat on the sofa. The whole process took about 7 hours for managers to prepare the footage and review.

18. This has been a common and typical report. On this occasion we invested time and energy in the hope of identifying a perpetrator.

19. They suggested searches should be more thorough and that anyone found with drugs on their person should be banned permanently.

20. 'B' took to social media and wrote defiantly under the heading *spiked at (our venue)*. "...we were made to feel sorry for the venue..". She returned the following week. Asked to give up a bottle of wine she was finishing in the queue she said 'I'll probably get spiked again anyway'.

What action can venues take?

Prevention

21. If possible we should prevent the problem rather than dealing with the consequences. Again, there needs to be clarity over what it is we are trying to prevent.

- (i) Regarding excessive levels of alcohol. There already exists training and regulation as part of the licensing regime. There is always a need to refresh education and identify new risks. We should not serve a quadruple measure just because someone is willing to pay for it. It is irresponsible to continue to serve someone who is clearly heavily intoxicated or if their companion is.
- (ii) Regarding adding drugs to a drink that is *given* to another. Student club events feature groups of friends drinking, dancing and socialising with one another. Here there is little scope for the venue to intervene where the recipient willingly accepts the drink. Staff can be vigilant but how realistic is it that we will encounter someone within the friend group surreptitiously adding powdered drugs to drinks?
- (iii) Regarding adding drugs to the drink *of a stranger*? This is clearly malicious whatever the ultimate motive. There is no doubt that the act is without consent. Physical measures such as spikekeys and scrunchies have been suggested. It is dark, noisy, strangers are in close proximity and the intended victim may already have their senses dulled by alcohol. However, it still requires a deft manoeuvre to add powder to a drink in someone's hand without being noticed. The majority of allegations of spiking (in student clubs) imply that this was the mechanism. Since a) the victim is apparently not merely intoxicated and b) they would not have accepted drinks from anyone they can't trust.

22. But by accepting this explanation we risk diverting attention and resources from other plausible causes. Just because we can imagine it doesn't make it common. This also contributes to an anxiety

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that all unprotected vessels are inherently unsafe and that there are 'spikers' around ready to take advantage.

23. We don't offer scrunchies etc but have introduced a range of ready mixed drinks (cans or bottles) which can be purchased sealed and opened by the final recipient. This gives them the ability to have complete control over their drink contents, even if bought by a 3rd party.

24. If victims are being spiked at pre parties or by accepting drinks but being misled as to the composition or potency then these drink gimmicks have no effect other than a comfort blanket. If they are given a drink, with drugs already added, the protection is bypassed.

Searches on Entry.

25. Anti spiking campaigners have been vocal about demanding thorough searches when people enter the venues. Like many other measures we have been routinely searching before the latest focus on spiking. Bag searches normally reveal attempts to smuggle in alcohol. Wallet and pocket searches uncover recreational drugs normally for personal use and occasionally quantities for supply. As spiking reports continued there were complaints that our searches are not effective enough. I ask *What are we searching for?* Is someone in possession of ketamine, mdma or cocaine a potential spiker? Consider what level of searching would be required to eliminate the possibility of concealing a few grams of powder or pills. The advent of needle spiking has led to calls for metal detectors and yet more thorough searches. Again this should be proportionate and subject to reason. Locally there is no significant risk of offensive weapons but searches eliminate glass bottles. Earrings and zips have as much metal content as a hypodermic needle.

26. I consider entry searches are irrelevant to spiking by alcohol and ineffective against drug spiking. Their greatest effect is to make people *feel* safer.

Testing kits

27. We are very keen on the introduction of testing kits and have seen them used successfully at other venues. This issue is plagued by lack of clarity and data so adding scientific results is helpful. If the victim or their friends have suspicions we can establish if they have a range of drugs present and/ or a level of intoxication. Crucially the information helps reassure those where the result is benign and filters out incidents where we would otherwise be chasing ghosts. The data still leaves the question of how the drug came to be present but we are focussing on a more manageable number.

Reporting

28. We are working with a city centre venues partnership to create a standard template and easy method of reporting incidents. Currently, there is a mix of direct reporting (to staff), emails, social media posts. Some report only to the venue, some to the police or medics. We will explain how we collate data and how it is shared. This way we can build up comparable statistics.

Perpetrators

29. There are repeated calls for venues to do more to show zero tolerance towards 'these criminals'. The venues are strongly motivated to help eliminate this crime, no less than theft or assault. It is unfair and inaccurate to suggest that venues 'turn a blind eye' or are lazy regarding apprehending suspects. Victims, friends and authorities all find it inherently difficult to identify who may have committed an offence, where and when. It is the same for venues and I advocate the filtering approach described above to focus initially on the most egregious offences. CCTV is a useful tool if

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you know what you're looking for. In many incidents it is only a lack of informed consent that makes an interaction into a crime. This is not necessarily visible.

Support and Care for victims

30. Venues are criticised for not taking allegations seriously or caring for victims. A theme central to this inquiry is that we often don't know if, how or when someone has been spiked. However, we do regularly encounter a minority of customers who are unwell, disorientated or heavily intoxicated. We have a legal duty of care, a moral duty and it is simply good business to look after our customers. If someone presents in a vulnerable manner we offer assistance, a calm place to sit, try to locate friends and to arrange safe transport home or medical attention if appropriate. This has long been our practice and is similar in other venues. We serve a student community and rely on repeat business.

Case study 2 Injection spiking(s) in Oxford

31. Friends of 'S' told doorstaff she had been spiked with a needle. A scratch with blood was visible on her shoulder blade. We flagged down a police car which took her straight to hospital within minutes of the attack. Within hours the victim had created post for a Facebook chat page *** which was picked up by national news. The victim alleges she is aware of similar attacks in another venue too. We received an email from someone claiming her sister was needle spiked in our venue and spent 3 days in hospital. She would not give a name, or times but was disgusted and urged us to do more to protect people. In a meeting with anti spiking campaigners they commented that a student had been needle spiked in a nearby club and left paralysed. They had heard this from a friend of a friend to the victim.

32. These allegations have been played out entirely on social media. Reports totalling 8 injection spiking attacks neatly distributed between the four popular student clubs in the city all in October, November 2021 and all victims are students at [university]. There are no associated Police investigations or confirmed toxicology reports.

33. Such reports create significant fear and anxiety. Clearly they are damaging to our businesses. If genuine these are unimaginable heinous crimes. They require a level of planning, ingenuity and carry great risk for the perpetrators if discovered. It is my hope that the Committee will hear expert opinion on spiking by injection.

Conclusions

34. Though malicious drugging is a real and urgent issue, the Committee must see beyond the hype surrounding the debate. Better data and filtering of incidents is required to generate an appropriate response. A blizzard of spurious reports can make the genuine victims of crime even *less* likely to be taken seriously. The first hearing introduced the idea that thousands of predatory actors are indiscriminately drugging the public on an industrial scale each weekend. With no other explanation it was suggested they do this 'just for kicks'. With respect, this is pure conjecture. Though convenient, when a conclusion is baffling and defies logic or common sense it should be resisted and subject to vigorous enquiry.

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